Health savings account (HSA) employee enrollment form



Return completed forms to your Human Resources Department.

Employer information									
Enrollment cannot be processed without your employer's name. Employer name									
BERKLEY SCHOOL DISTRICT									
Account holder information									
First name			M.I.		Last name	Last name			
SSN		1 -	ender Date of birth (mm			:h (mm/do	І/уууу)		
Email address					Home phor	Home phone			
Physical street address			City		State	ZIP		1	
Mailing address (if di	fferent)	Ci	ty		State	ZIP			
Insurance coverage									
Insurance carrier BLUE CROSS BLUE SHIELD OF MICHIGAN									
Coverage effective date Coverage type Single Family									
Authorization and certification									
By opening a health savings account (HSA) with HealthEquity, you accept the terms of HSA enrollment and the custodial agreement. You may view the HSA custodial agreement here: http://resources.healthequity.com/Forms/Agreements/ HealthEquity_Custodial_Agreement.pdf. Upon enrollment, you understand and agree to the following: • You are covered by a qualified high deductible health plan (HDHP). • You are not covered by any other non-qualified health coverage, including Medicare. • You are not claimed as a dependent on another individual's tax return. • HealthEquity must verify your identity in order to open your HSA. For further information regarding HSA laws, go to http://www.irs.gov/pub/irs-pdf/p969.pdf.									
Print name Signature				•/ pab/ 113 pai/ p30	J.pai.	Date			
Contribution information and authorization Frequency of payroll ☐ Weekly ☑ Bi-Weekly ☐ Monthly									
Please withhold \$ from my payroll and apply the funds to my HealthEquity HSA.									
Signature					Date				
2024 annual HSA contributions				2025 annual HSA contributions				ıs	
Coverage type	Total annual contribution*	Per month		Coverage type	Total annua	nnual contribution*		Per month	
Self-Only	\$4,150	\$345.83		Self-Only	\$4	,300		\$358.33	
Family	\$8,300	\$691.66		Family	\$8	\$8,550		\$712.50	

Your HSA cash balance is held at an FDIC-insured or NCUA-insured institution and is eligible for federal deposit insurance, subject to applicable requirements and limitations.

^{*}Employer and employee contributions count towards the maximum yearly contribution amount.